

# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Laurent Ginger A.  
Last First MI

2. BUSINESS PHONE (225) 387-3282  
Area Code and Phone Number

3. FAX NUMBER (225) 343-3159

4. BUSINESS ADDRESS 5555 Bankers Avenue Baton Rouge LA 70808  
Street and No. City State Zip

MAILING ADDRESS P. O. Box 2871 Baton Rouge LA 70808  
Street and No. City State Zip

5. EMPLOYER Louisiana Bankers Association

6. EMPLOYER'S ADDRESS 5555 Bankers Avenue Baton Rouge LA 70808  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Bankers Association

Address 5555 Bankers Avenue, Baton Rouge, LA 70808

Business or purpose Trade Association for banks in Louisiana

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

FOR OFFICE USE ONLY  
Postmark Date: 2/1/08

Ren-08

CP#17395  
\$110.00

RECEIVED  
FEB 1 2008  
00:00

3071238

# EXECUTIVE LOBBYING REGISTRATION FORM



2. Name Louisiana Society for Human Resource Management

Address P. O. Box 2871, Baton Rouge, LA 70821-2871

Business or purpose State Association for Human Resource Professionals

Does this person pay you? NO

If No, who pays you? Louisiana Bankers Association

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Ginger Laurent

Signature of Lobbyist

